

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

## FOR OFFICE USE ONLY

Postmark Date: 12/24/97

1980113

REG

11242  
11000

1. NAME Lea Charles Edward  
Last First MI
2. BUSINESS PHONE 504-752-5979  
Area Code and Phone Number
3. BUSINESS ADDRESS 12443 Coursey Blvd., Baton Rouge, LA 70816  
Street and No. City State Zip
4. EMPLOYER Lea & Associates
5. EMPLOYER'S ADDRESS 12443 Coursey Blvd., Baton Rouge, LA 70816  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name ☒ Health Plus of Louisiana, Inc.  
Address 2751 Virginia Ave., Suite 1 A, Shreveport, LA 71103  
Health Maintenance Organization  
Business or purpose  
Does this person pay you? yes  
If No, who pays you?
2. Name ☒ FPM Behavioral Health, Inc.  
Address 1276 Minnesota Ave., Winter Park, FL 32789  
Business or purpose Managed Behavioral Health Care Company  
yes  
Does this person pay you?  
If No, who pays you?

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✓ Louisiana Health Care Alliance

3. Name \_\_\_\_\_  
 Address 12046 Justice Ave., Suite B, Baton Rouge, LA 70816  
 Business or purpose Business Association  
 Does this person pay you? yes  
 If No, who pays you? \_\_\_\_\_

4. Name ✓ Eli Lilly and Company  
 Address Lilly Corporate Center, Indianapolis, IN 46285  
 Business or purpose Pharmaceutical Manufacturer  
 Does this person pay you? yes  
 If No, who pays you? \_\_\_\_\_

5. Name ✓ Louisiana Health Care Review, Inc.  
 Address 8591 United Plaza Blvd., Ste. 270 Baton Rouge, LA 70809  
 Business or purpose Peer Review Organization  
 Does this person pay you? yes  
 If No, who pays you? \_\_\_\_\_

State of LOUISIANA

Parish of EAST BATON ROUGE

Before me, the undersigned authority, personally came and appeared Charles E. Lea, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Charles E. Lea  
 Signature of Lobbyist

Sworn to and subscribed before me on this 25<sup>TH</sup> day of NOVEMBER, 1997.

[Signature]  
 Notary Public



